

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006247

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 143

Primary Registration District No. 5560

Registrar's No. 88

STATE FILE NUMBER

**FILED MAR 1 1963**

1. PLACE OF DEATH

a. COUNTY **Howell**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY **Howell**

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **Willow Springs Twps.**

Length of stay in 1b  
**51 Yrs.**

c. CITY OR TOWN **Willow Springs**

Inside Limits  
Yes ☒ No ☒

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **Home**

Inside Limits  
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)  
**Star Route**

Reside on Farm  
Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)

First **WAYNE**

Middle **B.**

Last **WEILER**

4. DATE OF DEATH

Month **Feb.** Day **23** Year **1963**

5. SEX  
**Male**

6. COLOR OR RACE  
**White**

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
**2/5/82**

9. AGE (last birthday)  
**81**

IF UNDER 1 YEAR  
Months **0** Days **18**  
IF UNDER 24 HR  
Hours **0** Min. **0**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Farming**

10b. KIND OF BUSINESS OR INDUSTRY  
**Retired Farmer**

11. BIRTHPLACE (City and state or country)  
**Terry Hill, Pa.**

12. CITIZEN OF WHAT COUNTRY  
**U.S.A.**

13a. FATHER'S NAME

**Roland Weiler**

13b. MOTHER'S MAIDEN NAME

**Sussanna Burkhart**

14. NAME OF HUSBAND OR WIFE

**Rena S. Weiler**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

**No**

16. SOCIAL SECURITY NO.

17. INFORMANT Address  
**Mrs. W.B. Weiler, St. Rt., Willow Spgs. Mo.**

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Uremia Severe**

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

**Chronic Urinary tract obstruction**

DUE TO (c)

**from Prostatic hypertrophy**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

**Generalized & Cerebral arteriosclerosis**

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour **3:40** Month, Day, Year **2/22/63**

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **2/22/63** to **2/23/63** and last saw him alive on **2/22/63**

Death occurred at **3:40 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

**Amos L. Coffee, M.D.**

22b. ADDRESS  
**Willow Spgs., Mo.**

22c. DATE SIGNED

**2/25/63**

23a. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

23b. DATE

**2/26/63**

23c. NAME OF CEMETERY OR CREMATORY

**City**

23d. LOCATION (City, town, or county)

**Willow Springs, Mo.**

24. FUNERAL DIRECTOR

ADDRESS

**Burns, Willow Springs, Mo.**

25. DATE REC'D. BY LOCAL REG.

**3/28/63**

26. REGISTRAR'S SIGNATURE

**David E. Jones**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

**0460**

**3460**

**3**

**4 0**

**5 1**

**6**

**7 1**

**8 2**

**9/6/10X**

**10**

**11**

**12 90-0**

**13 3-0**

MAR 1 1968

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

T. R. Burns

*T. R. Burns*

Licensed Embalmer No. 4214

P. O. Address Willow Springs, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.

If this body is not embalmed, fact should be so stated above.